State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

FILENUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

COMMITTEE INFORMATION		D. G. M. L. C. S.
Full name of committee (as on Statement of Organization) Check if this is a new name		
Henke for fishers Town Counci	e-loudy resigned Excele) Dy	FLE NUMBER: Enter tra p
2. Acronym or abbreviated name, if any 3. Committee	telephone number	523
4. Mailing address (address where all campaign finance correspondence is received) Check if this is a new	ew address	televisia benesitati en contrata
13565 Courtney Drive		
5. City, state, ZIP code 6. Party affilia	ation (if applicable)	an
CANDIDATE INFORMATION (For Candidate's Comm	nittees Only)	
7. Full name of candidate (include any nickname) Daniel Edward Henke (Dan) 8. Party affilia	ation or if independent	Congueration (Form GFA-1)
Office sought (Include district number, if any. Not required for exploratory committee.)	residence	15M 2 Enter the ecrosym
Fishers TounCouncil District H	amilton	
TYPE OF REPORT	STATE OF THE PERSON NAMED IN COLUMN 2	N CANDIDATES ONLY
11. Check one:	Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 20 must be *0		The state of the s
U Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting period:	Post-Convention	COLUMN B
From: -1-2004 Through: 12-31-2004	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	133.50	
14. Cash on hand and investments January 1, current year.	and the first of the state of t	133.50
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A)	100,00	100 00
15b. Unitemized	0	0
15c. Add lines 15a, and 15b in both columns subtotal	200,00	100,00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	233.50	233,50
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)	150,00	150.00
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	130.0	150.00
17b. Unitemized .	0	153 (1)
17c. Add lines 17a and 17b in both columns SUBTOTAL	150.00	133.03
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	83.33	83.50
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	The state of the state of
That is specially an experience of prescription of the control of	memorine in 10 crossings on a	- 10-15-01 tolk 2012
	The state of the s	
CERTIFICATION CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE REST OF AN (CHOIM EDGE AN	D DELLEE E 10	R OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AN TRUE, CORRECT AND COMPLETE.	ID BELIEF II IS	26
Signature on File	i i	2005
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	7	To Promo
	210 103	Contract of the last
WARNING: Any information contained in this report may not be copied for sale or used for any comm	namial numara	3
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13		5 (S) (S)

to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
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	Dulux, GA 30097	Other Receipts:	Hice of any indi-	river the occupy	Daniel 6 Henles
_	ntributor's Occupation (if required)				Pr.
2	reprista box. For in-kind curtiributions describe the general ps, etc.). For "associances", be as apacific as possible.	Contributions: Direct In-Kind (describe)	R OTHER &	MOTTUESS (such povided (such	E OF CONT
	outliers, including in-litral, transfere-in or other receipts for this	Other Receipts: Interest □Lcan Misc (specify)	ERIOD: EN	BIHT THIS	LISSE A ASSE Ing period. LISSE SI CLIS
	stributor's Occupation (if required)				
3.	A ameleo at vise east as smee etc el S am	Contributions: Direct In-Kind (describe)	og intbiodica	dose to fid	gen feiff on
	tributor's Occupation (if required)	Other Receipts:	jedn, day, and g ney order, 1407 cesh la accept	in Enior stop m ne obsek or me gelyed wheel	DENGRADA Street received Continue are or
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Cont	tributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	CHEDULE A	AGES OF 9	talibê nê sejel
5.		Contributions:			
		□ Direct □ In-Kind (describe)			
Cont	ributor's Occupation (if required)	Other Receipts: Interest □ Loan Misc (specify)			
	reacor a combanour la reducor				
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	TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary)	Sheet)	\$ 100.00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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		Other Receipts: Interest □Loan □Misc (specify)	otudiunoo s	pohalos sari	NETRATE: W
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	and, reposing arrang, transferring or other receipts for our descriptions, fortuding in-ideal, transferra-in or other receipts	Other Receipts:	EAR-TO-E	Y EVITALIUE Y	na pariod. UMN B CUB ar year-to-date
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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	ENUMBER		
Page	5	of	0	1310

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

	FIL	E NUMBI	R	
	AND DESCRIPTION OF THE PERSON			
Page _	7.	of	1-	>

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)		PERIOD	YEAR-TO-DATE	
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

FILE NUMBER					
Page _	8	of_	10	BACK E	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		UBLIC QUESTION INFORMATION	noon files not		No true act y
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTAND
& MAILING ADDRESS (street, number, city, state, ZiP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE PERIOR
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILI	ENUMBER	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	- /			
Page _	10	of	10	

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)		DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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